

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250  
SACRAMENTO, CA 95815-3832  
TELEPHONE: (916) 263-3680  
FACSIMILE: (916) 263-3675  
WEB ADDRESS: <http://www.dca.ca.gov/cba>



**Request for the Board's Acknowledgment of Licensee's  
Completion of Attest Experience  
Form 11A-31 (Revised 01/04)**

**Purpose:** To inform the Board that a licensee originally issued a license to perform general accounting services is now requesting the Board's acknowledgment of the completion of attest experience.

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**Applicability:** Type F licensees originally issued a license to perform general accounting services who are now requesting the Board's acknowledgment of the completion of attest experience.

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**Required Action:** Complete the document in its entirety, affix a 2" x 2" passport size photo and submit with a fee of \$25 payable to the California Board of Accountancy.

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**When:** Upon obtaining a minimum of 500 hours of attest experience, documented on an affirmatively completed Certificate of Experience.

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**Submit To:** California Board of Accountancy  
2000 Evergreen Street, Suite 250  
Sacramento, California 95815-3832

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**Authority:** Business and Professions Code, Section 5095.

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**Comments:** Upon receipt of the Board's certification acknowledging you have satisfied the experience requirements of Business and Professions Code Section 5095 and of Title 16, California Code of Regulations, Section 12.5, you shall be authorized to sign reports on attest engagements.

## TYPES OF LICENSURE APPLICANTS

- Type A                      An applicant who **passed the Uniform CPA Exam in California** and who is applying for licensure as a CPA in California for the first time.
- Type B                      An applicant who **passed the Uniform CPA Exam in a state other than California** and who does not hold a valid license to practice public accounting in any state.
- Type C                      An applicant who **passed the Uniform CPA Exam in a state other than California** and who was issued a valid license to practice public accounting in a state other than California.
- Type D                      An applicant who **was previously licensed as a CPA in California** and the certificate was cancelled after five years for nonpayment of license renewal fees.
- Type E                      An applicant who **passed the** Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination (**CAQEX**) of the American Institute of Certified Public Accountants (AICPA) **or** the International Uniform Certified Public Accountant Qualification Examination (**IQEX**) of the AICPA and the National Association of State Boards of Accountancy (NASBA).
- Type F                      A California licensee originally issued a license to perform general accounting services who is now requesting the Board's acknowledgment of the completion of attest experience.



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## REQUEST FOR THE BOARD'S ACKNOWLEDGMENT OF LICENSEE'S COMPLETION OF ATTEST EXPERIENCE (TYPE F Applicant)

☐ READ INSTRUCTIONS CAREFULLY ☐  
**\$25 PROCESSING FEE**

1. Full name (no initials) \_\_\_\_\_  

Last

First
Middle
2. Have you ever been known by any name other than the one above? ☐ Yes ☐ No  
 List other name(s) \_\_\_\_\_
3. Residence address \_\_\_\_\_  

Street and Number

City
State
Zip Code
4. Telephone No. ( ) ( )  

Area Code
Office Number
Area Code
Home Number
- U.S. Social Security # \_\_\_\_\_
6. Birthdate \_\_\_\_\_
7. License Number \_\_\_\_\_
8. E-mail Address \_\_\_\_\_
9. Current occupation \_\_\_\_\_
10. Current employer's name \_\_\_\_\_
11. Employer's address \_\_\_\_\_  

Street and Number

City
State
Zip Code

In this space, glue a recent  
 2" X 2" passport size and  
 quality photograph  
 showing only your head  
 and shoulders

**DO NOT WRITE IN THIS SPACE**

License No. \_\_\_\_\_  
 License Status \_\_\_\_\_  
 Date Issued \_\_\_\_\_

**12. A CERTIFICATE OF EXPERIENCE MUST BE SUBMITTED FOR YOUR ATTEST EXPERIENCE.**

List below, in chronological order, all public and non-public experience for which you will have a Certificate of Experience submitted. You are responsible for providing each employer with a Certificate of Experience for completion. A Certificate of Experience must be signed by a licensee supervisor authorized to perform attest services. Your employer is to return the Certificate of Experience directly to the California Board of Accountancy.

POSITION	FROM	TO	EMPLOYER	Public (P) NonPublic (NP)	MAILING ADDRESS

**CERTIFIED TRUE STATEMENT**

*I hereby certify, under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, and all attachments, are true, complete, and accurate.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

**MISREPRESENTATION ON THIS DOCUMENT IS CAUSE FOR DISCIPLINARY  
 ACTION UNDER BUSINESS AND PROFESSIONS CODE SECTION 5100.**

# **PUBLIC INFORMATION NOTICE**

The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant License. Sections 5080 through 5095 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this application, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.